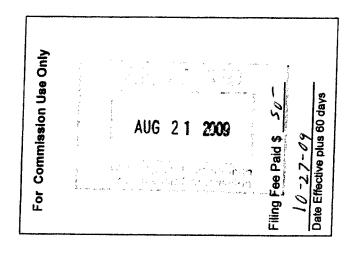


WASHINGTON METROPOLITAN AREA TRANSIT COMMISSION GENERAL TARIFF COVER



General Tariff No. GT- $\frac{3}{2}$ Cancels General Tariff No. GT- $\frac{3}{2}$ Date Filed at WMATC $\frac{3}{2}$ Date Effective $\frac{8-28-09}{2}$

1.	WMATC Certificate of Authority No. 1312
2.	Carrier Name on Certificate of Authority:
	Angel Enterprises inc.
	Address Ittl 2 ferrocrest Wy, S-S. mD 20905
	Telephone Number 30 - 905 - 711
3.	Person authorized to file tariff on behalf of Carrier
	Name Christian Okordafor
	Title CEO
	Telephone Number 301-905-7111,
4.	Date this tariff actually filed with WMATC 8/21/09
5.	Date seven (7) calendar days after date on Line 4. 81 28 105
3.	Effective Date of this tariff (not earlier than date on line 5).
7.	Signature of Person named on Line 3.

NOTE: SEE COMMISSION REGULATION NOS. 55 AND 56. IF YOU HAVE A QUESTION ABOUT HOW TO COMPLETE THIS FORM, CALL THE COMMISSION AT (202) 331-1671.



TRANSPORTATION RATE SCHEDULE FY 2009

Effective August 1, 2008

Wheelchair Vans	\$45.00 one way or \$90.00 round trip (includes crew + attendant, if required) Extra Mileage \$1.25 per mile, over 20 miles one way, (or over 40 miles round trip.)
Sedan	Will be compensated at the rate of \$4.00 initial charge plus \$1.60 per mile
Non-Emergency Wheelchair/ Van Stretcher	\$61.25 for one way or \$122.50 for round trip-must include at least two Crewmen at all times; \$1.09 for each additional mile in excess of 40 miles (twenty miles one way) *Extra crew \$20.42 (*for 3 rd person if needed) (Prior Approval necessary.)
Wheelchair/Gerichair	\$50.00 for one way or \$100.00 for round trip; Extra Mileage \$1.25 a mile over twenty miles (crew 2 technicisms and attendant if required.) (Prior Approval necessary.)